☐Yes, Please Register My Practice For The Corporate Wellness Training Program

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Address: ____City/State/ZIP________

Number of Participants (up to 3)____

Name & Email of Participants

1)____

2) ____

3) ____

Date of Training: (Please Circle One) March 7-8, 2014 November 7-8, 2014

PAYMENT OPTIONS:

☐ One-Time Payment of $1997**

☐ 6 payments of $367.00**

☐ 12 payments of $197.00**

**Note: A $99 Support fee per month for 24 months will apply

Select Payment Method (Circle One) MC | VISA | AMEX

Credit Card Number ____EXP__________

Name on card____

Billing
Address____

Signature____

I Authorize My Card For The Corporate Training & Support Fee To Be Charged As Indicated Above

Please complete the form and fax to (613) 271-0554